

PATENT
DONOR P-1104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 2872
Examiner : A. Amari
Applicant : Brent J. Bos
Serial No. : 10/614,454
Filing Date : July 7, 2003
For : WIDE ANGLE IMAGING SYSTEM

RECEIVED
CENTRAL FAX CENTER

AUG 06 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (703) 872-9306

OFFICIAL

Dear Sir or Madam:

RESPONSE

Responsive to the Office Action mailed May 6, 2004, Applicant wishes to amend the application as follows:

Amendments to the Specification are page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 14 of this paper.

08/17/2004 AJOHHS01 00000002 220190 10614454
01 FC:1201 258.00 DA

Applicant : Brent J. Bos
Serial No. : 10/614,454
Page : 16

Claims 87-89, 91 and 93-138 are pending in the application. Claims 87, 93, 117 and 130 have been amended herein and claims 90 and 92 have been canceled without prejudice. The priority claim has been amended as set forth above. Applicant respectfully submits that claims 87-89, 91 and 93-138 are in condition for allowance and a notice to that effect is earnestly and respectfully requested.

Respectfully submitted,

BRENT J. BOS

By: Van Dyke, Gardner, Linn & Burkhardt, LLP

Date: August 6, 2004



Timothy A. Flory
Registration No. 42 540
2851 Charlevoix Drive, S.E.
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

TAF:slg
DON08 P-1104

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 614454

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	52 minus 20 = *	✓
INDEPENDENT CLAIMS	1 minus 3 = *	✓
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 50	Minus ** 52	= -
Independent	* 6	Minus *** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	258
+290=	
TOTAL ADDIT. FEE	258

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.